

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028566

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3684

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in lb 45 YRS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 4909 MARVIN ROAD		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First M YRA Middle O P H E L I A Last O P I T Z		4. DATE OF DEATH Month JUNE Day 30 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1894
9. AGE (last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE	
11. BIRTHPLACE (City and state or country) CLARK Co., Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM A. BOYD		13b. MOTHER'S MAIDEN NAME AMANDA SPURGEON	
14. NAME OF HUSBAND OR WIFE JOHN H. OPITZ		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT JOHN OPITZ, 4909 MARVIN ROAD	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Primary Carcinoma Ovary DUE TO (c) Metastatic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 11	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-19-59 to 6-30-63 and last saw her alive on 6-30-63 Death occurred at 10:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. Montgomery M.D.		22b. ADDRESS 6400 Prospect KC Mo	
22c. DATE SIGNED 7-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY-2-63	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY KANSAS CITY MO	
23d. LOCATION (City, town, or county) MO			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KAN. CITY, MO		25. DATE RECD. BY LOCAL REG. 7-2-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

DOCUMENT

BY AFFIDAVIT OF G. Montgomery M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2 6064

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9 175.0

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12 64-0

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If this body is not embalmed, fact should be so stated above.